

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019982

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

294

Primary Registration District No.

4438

Registrar's No.

140

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/5910880
2980

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94222

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No.

294

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4438

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STATE FILE NUMBER

FILED JUN 14 1962

1. PLACE OF DEATH
a. COUNTY

Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Jacksonville

Length of stay in 1b

50 years

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location)

None

Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission)
a. STATE

Mo.

b. COUNTY

Randolph

c. CITY OR TOWN

Jacksonville

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

None

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

Roy William Oliver

4. DATE OF DEATH
Month Day Year

May - 31 - 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-10-1887

9. AGE (last birth day)

75

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer & Section Labor

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

Cairo Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edward F. Oliver

13b. MOTHER'S MAIDEN NAME

Mary Susan Butler

14. NAME OF HUSBAND OR WIFE

Bessie Oliver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT
Address

Mrs. Roy Oliver Jacksonville Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH

6 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

chronic Myocarditis

DUE TO (c)

3 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I, (a)

Chronic diffuse Arthritis & neuritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1962 to May 31, 1962 and last saw him alive on May 26, 1962

Death occurred at Home May 31, 1962 9:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Donald E Eggleston MD

22b. ADDRESS

Macon, Missouri

22c. DATE SIGNED

7 June 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Cater Funeral Home Macon Mo, 6-3-62

Moberly Missouri

Leadwell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Proberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.